

Nonadmitted Insurance Tax Return

570

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending: ☐ March 31 ☐ June 30 ☐ September 30 ☐ December 31

Name(s) of policyholder

☐ SSN or ITIN ☐ CA Corp. no. ☐ FEIN

Address (including number and street, PO Box, or PMB no.)

Apt. no./Ste. no.

City State ZIP Code Telephone number
() -

Check entity type:

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Individual ☐ Other (specify) _____

Enter the following information for each contract.

Policy Number	Name of each Nonadmitted Insurance Company	Type of Insurance Company

Tax Computation

1	Premiums paid or to be paid on risks located entirely within California. See instructions	1	00
2 a	Premiums paid or to be paid on risks located within and outside of California. See instructions	2a	
2 b	Portion of premiums on line 2a allocated to California pursuant to R&TC Section 13210(b). See instructions	2b	00
3	Total taxable premiums. Add line 1 and line 2b	3	00
4	Tax rate of 3%	4	.03
5	Total tax. Multiply line 3 by line 4. (There is no stamping fee)	5	00
6	3% of returned premiums previously taxed. See instructions.		
	Total premiums returned \$ _____ Quarter/year taxed _____ Policy No. _____	6	00
7	Credit from prior quarters Quarter/year _____	7	00
8	Prepayments. See instructions.	8	00
9	Total credits. Add line 6 through line 8.	9	00
10	Balance. Subtract line 9 from line 5. If the amount on line 9 is more than the amount on line 5, see instructions	10	00
11	Penalty for late payment of tax. See instructions	11	00
12	Interest on late payment. See instructions	12	00
13	Payment due. Add line 10 through line 12. If the result is positive, enter here. Make a check or money order payable to the Franchise Tax Board. See instructions. Check the box if paying via EFT. <input type="checkbox"/> EFT	13	00
14	Overpayment. Add line 10 through line 12. If result is negative, enter here	14	00
15	Overpayment to be credited to the next quarter. See instructions	15	00
16	Refund. Subtract line 15 from line 14	16	00

If you are an agent or broker with a valid power of attorney authorizing you to file this return on behalf of the insured, enter the following information:

Firm's Name	Firm's Address	Contact Person's Name
		Contact Person's Phone

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Print or type elected officer or authorized person's name

Elected officer or authorized person's signature

Date

Paid Preparer's Use Only

Print or type preparer's name

Preparer's signature

Firm's name (or yours, if self-employed) and address

Check if self-employed ☐

Date

Telephone No.

Preparer's SSN/PTIN

Preparer's FEIN